

# No Time for COMPLACENCY

## TEEN BIRTHS IN CALIFORNIA

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*Since 1991, California has experienced a 50% decrease in its teen birth rate, compared to the national decrease during this period of 33%*

Recently released 2008 data show both California and national teen birth rates declining since 2006 — with California's drop of 2.6 teen births per 1,000 (from 37.8 in 2006 to 35.2 in 2008), six times larger than the national decline of only 0.4 teen births per 1,000 (from 41.9 in 2006 to 41.5 in 2008). And since 1991, California has experienced a 50% decrease in its teen birth rate, compared to the national decrease during this period of 33% (see Figure 1).

Because California has a substantially greater proportion of Latinas in its teen population than does the United States as a whole, and with Latinas having the highest teen birth rate of all population groups, California's progress and current teen birth rate standing are even more exceptional than these California–United States comparisons suggest. This can be illustrated by comparing California's 50% decrease since 1991 to the 11% decrease experienced during this same period by Texas, a state whose teen population profile is similar to California's.

While Latinas do still experience a substantially higher teen birth rate than any other racial and ethnic group in California, they also are driving the state's teen birth rate reduction, with a striking 8.1 births per 1,000 decrease between 2006 and 2008 (see Figure 2).

### THE CHALLENGE

Although California's remarkable progress has been unmatched among the other 49 states, there is still much room for improvement. California's teen birth rate compares less favorably to rates across other Western democracies, which average fewer than 10 teen births per 1,000. In addition, the state's current financial crisis has already led to a scaling back of investments in teen pregnancy prevention programs, with far more drastic cuts now being debated. These reductions directly threaten California's progress, along with the taxpayer cost savings achieved — savings that are many times the cost of the programs at risk for elimination.

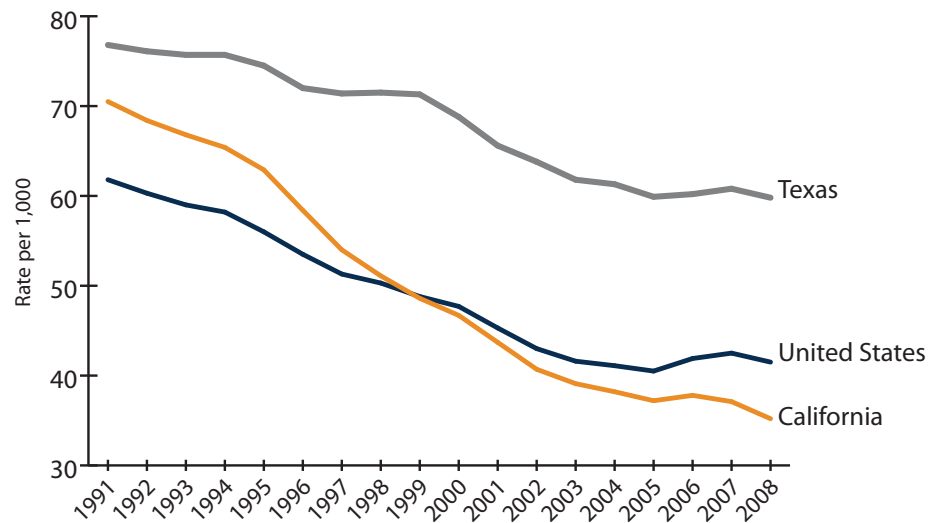


Figure 1. Teen Birth Rates in California, Texas, and the United States, 1991-2008<sup>1</sup>

## IMPACT ON TEEN MOTHERS AND FAMILIES

Because teens who give birth tend to have preexisting disadvantages compared with those who do not, the perceived consequences of teen births have been subject to considerable debate and some exaggeration. Nevertheless, most experts agree that credible research evidence has demonstrated clear negative consequences of teen childbearing in several areas. For example, teen women who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment, more single parenthood, and less stable employment than do those with similar backgrounds who postpone childbirth. Relative to older mothers, teen mothers tend to experience slightly more pregnancy-related problems and have less healthy infants. Of all age groups, pregnant teens are most likely to smoke during and after pregnancy — and exposure to environmental tobacco smoke directly increases an infant's risk of bronchitis, asthma, pneumonia, reduced lung capacity, Sudden Infant Death Syndrome (SIDS), and middle ear disease and infections. Preschool children of teen mothers tend to show some delay of cognitive development as well as more behavioral problems and more aggressive behavior than do children of older mothers, whereas teenage children of teen mothers experience higher rates of grade failure, delinquency, and early sexual activity. Children of teen mothers also are more likely to experience abuse and neglect and more likely to be placed in foster care. Fathers to children of teen mothers tend to achieve less education and lower earnings over time than do their non-parenting peers, most likely due to the early focus on working at the expense of education. (For references and a more detailed discussion of these issues, see the 2003 *No Time for Complacency* report at <http://teenbirths.phi.org/TeenBirthsFullReport.pdf>. For an opposing view, see the 2010 National Latina Institute for Reproductive Health's *Removing Stigma: Toward a Complete Understanding of Young Latina's Sexual Health* at <http://tinyurl.com/2839sge>.)

## ECONOMIC IMPACT ON SOCIETY

In addition to the personal challenges and lost opportunities faced by teen mothers and their children, the economic costs to society associated with teen births cannot be ignored.

In 1997, a rigorous and comprehensive series of cost analyses on teen pregnancy and parenting was conducted by a group of nationally prominent researchers in economics, demographics, family policy, and health policy. Integrating the studies conducted by these researchers, Rebecca Maynard employed conservative assumptions and estimated net cost per teen birth. The most directly attributable costs were used, including lost tax revenue based on mother's and father's lower incomes and consumption, public assistance costs (welfare and medical assistance), costs for increased foster placement and incarceration of children, and tax revenue losses based on children's incomes and consumption when they reach young adulthood. These were adjusted for estimated costs in the same categories had the teen mother delayed her birth until after age 20. In addition to taxpayer costs, Maynard estimated total costs to society, which also included estimated losses in earnings of the teen mothers, fathers, and children when they reached young adulthood, as well as privately paid medical costs.

In 2008, Hoffman and Maynard<sup>2</sup> updated these taxpayer and societal costs based on a new methodology. They calculated the average annual cost to taxpayers per teen birth to be \$4,010 for age 17 years and younger and -\$98 for age 18-19 years, in year 2004 dollars. Adjusting for annual inflation, these costs are equivalent to \$4,572 for age 17 years and younger and -\$112 for age 18-19 years, in year 2008 dollars. The average annual cost to society per teen birth was \$12,112 for age 17 years and younger and \$1,527 for age 18-19 years, in year 2004 dollars. Adjusting for annual inflation, these costs are equivalent to \$13,809 for age 17 years and younger and \$1,741 for age 18-19 years, in year 2008 dollars.

When applied to the 51,704 teen births in California in 2008, and multiplied across 15 yearly cohorts of teen births as per Maynard's methodology, this yields an annual total net cost to taxpayers of \$1.1 billion and an annual total net cost to society of \$4.4 billion.

## COUNTY-LEVEL ANALYSIS

We also analyzed teen birth rates and costs by California counties.<sup>1</sup> The table on page 5 provides 2008 teen births, birth rates, birth rate ranks, birth rate changes since 2006, and estimated taxpayer and societal costs for California, its counties, and the United States. The table is sorted by birth rate, ranging from a high of 64.9 per 1,000 in Kern County to a low of 12.4 per 1,000 in Marin County. Estimated annual taxpayer costs for counties ranged from a high of \$320 million in Los Angeles to a low of \$100,000 in Amador County. Annual societal costs averaged about four times as high.

For each county, we also calculated the change between the 2006 and the 2008 teen birth rate. Across counties, teen birth rate changes from 2006 to 2008 varied substantially. Among the larger counties, those with more than 15,000 females aged 15-19 years in 2008, many experienced an even-greater rate decrease than did the state as a whole, including San Joaquin (-11.0), Los Angeles (-4.9), Orange (-4.0), Ventura (-3.3), and Stanislaus (-3.0). The smaller counties, those with fewer than 15,000 females aged 15-19 years in 2008, experienced greater variation in the teen birth rate, ranging from an increase of 7.5 in Glenn County to a decrease of -13.1 in Yuba County.

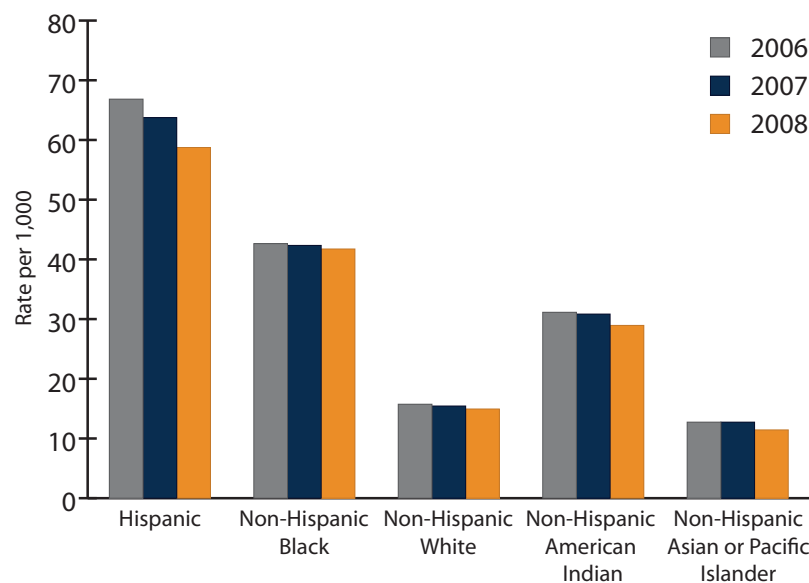


Figure 2. Teen Birth Rates by Race and Ethnicity in California, 2006-2008

## THE SOLUTION

It would be naive to assume that there is any single solution to resolve the complex issue of teen childbearing. Nevertheless, there can be little doubt that California's investment in teen pregnancy prevention has contributed to its achievement of the largest decline in the teen birth rate of all 50 states.

During the past decade, California has been the national leader in focusing on and investing in research-based policies and programs for positive adolescent development and teen pregnancy prevention. This leadership spans the administrations of three governors across both political parties. California's leadership is evidenced in several areas: (1) consistent refusal to participate in the federal Title V, Section 510 abstinence-only education program; (2) enactment of legislation that school-based and other state-funded sexuality education must be comprehensive, age-appropriate, and medically accurate; (3) state-funded reproductive health programs administered by the California Department of Public Health; (4) state-funded teen pregnancy prevention programs administered by the California Department of Public Health, the California Department of Social Services, and the California Department of Education, and (5) grant initiatives funded by philanthropic foundations in California.

The 50% decrease in the teen birth rate that California experienced between 1991 and 2008 can be attributed in large part to the substantial investment in teen pregnancy prevention education, programs, and services in California. The cost of these investments has not been small. Even after the budget cuts of the

past two years — resulting in the loss of approximately \$30 million of funding for Adolescent Family Life Program (AFLP), Male Involvement Program (MIP), and TeenSMART — California is still investing more than \$200 million of state and federal funds annually on teen pregnancy prevention. But the cost of these investments pales when compared to the savings in taxpayer and societal costs (see Figure 3). Had California continued to experience its 1991 teen birth rate of 71 births per 1,000, we would have had an additional 52,685 births in 2008. Translated into cost savings, California's success represents an annual savings to California taxpayers of \$1.1 billion and a total annual savings to society of \$4.5 billion.

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To build on California's success — to maintain our progress, to accommodate new challenges, and most ambitious and important, to expand on these levels of success by further decreasing teen birth rates — requires courage, wisdom, and persistence. This is especially so in a time of limited state funds. Yet the enormous need, and substantial return on investment, is abundantly clear from California's experiences of the last decade. Coupled with the reality that demographic changes and poverty rates are combining in ways that further threaten ongoing progress, it is essential that California support existing strategies with strong track records and investigate

additional ways to continue decreasing its teen birth rate.

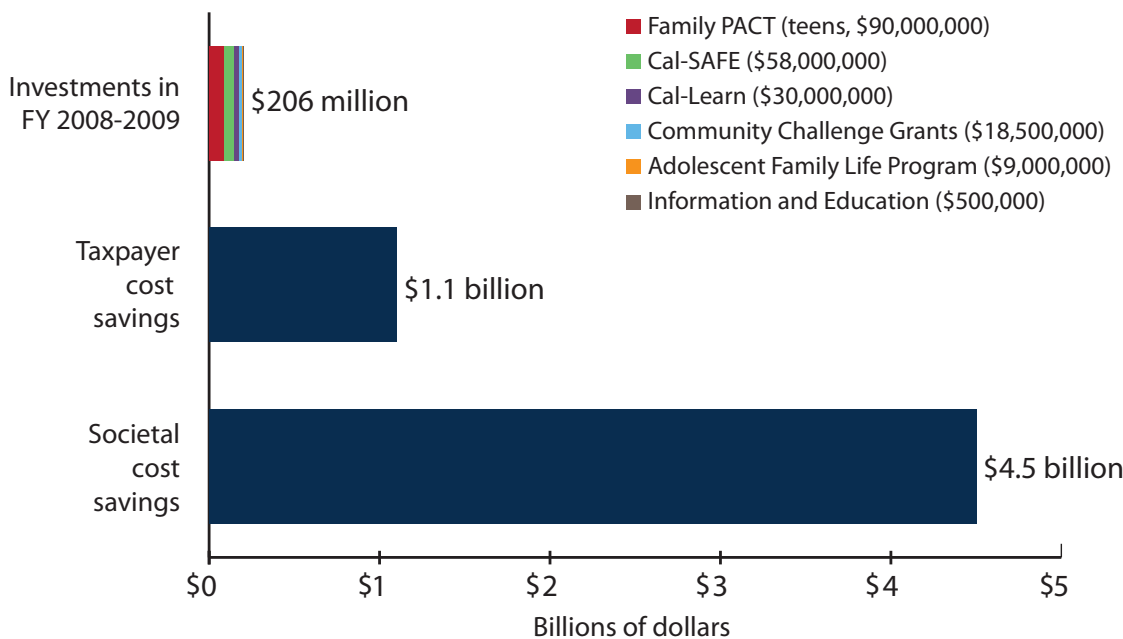


Figure 3. Teen Pregnancy Prevention Investments Versus Taxpayer and Societal Cost Savings in California, 2008

COUNTY	TEEN BIRTHS (2008)	TEEN BIRTH RATE (PER 1000)	TEEN BIRTH RATE RANK	TEEN BIRTH RATE CHANGE (2006-2008)	EST'D ANNUAL TAXPAYER COSTS	EST'D ANNUAL SOCIETAL COSTS
Kern	2,285	64.9	1	2.4	\$50,000,000	\$200,000,000
Kings	380	63.4	2	-0.7	\$9,300,000	\$35,200,000
Tulare	1,239	62.2	3	1.5	\$29,000,000	\$113,000,000
Madera	361	56.9	4	-6.8	\$8,900,000	\$33,900,000
Imperial	469	56.5	5	-2.2	\$10,500,000	\$40,200,000
Monterey	889	56.5	6	1.5	\$22,100,000	\$83,000,000
Fresno	2,254	55.2	7	-1.1	\$52,000,000	\$198,000,000
Merced	597	50.9	8	-6.6	\$11,300,000	\$48,000,000
Tehama	116	46.8	9	1.6	\$2,500,000	\$9,900,000
San Bernardino	4,288	45.6	10	-0.4	\$86,000,000	\$347,000,000
Lake	102	44.7	11	-1.2	\$2,400,000	\$9,200,000
Glenn	56	44.4	12	7.5	\$1,130,000	\$4,500,000
UNITED STATES	435,000	41.5	—	-0.4	\$9 billion	\$36 billion
Stanislaus	975	41.3	13	-3.0	\$20,000,000	\$81,000,000
San Joaquin	1,259	41.0	14	-11.0	\$28,000,000	\$111,000,000
Santa Barbara	675	40.9	15	-2.2	\$15,300,000	\$60,000,000
Yuba	134	40.8	16	-13.1	\$2,500,000	\$10,800,000
Del Norte	42	39.0	17	-4.8	\$910,000	\$3,630,000
Riverside	3,693	38.9	18	-2.5	\$77,000,000	\$306,000,000
Siskiyou	62	38.6	19	-0.2	\$1,330,000	\$5,200,000
Mendocino	117	36.8	20	4.8	\$2,300,000	\$9,300,000
CALIFORNIA	51,704	35.2	—	-2.6	\$1.1 billion	\$4.4 billion
Sutter	136	35.1	21	-10.5	\$3,100,000	\$12,000,000
Sacramento	1,895	34.1	22	-2.9	\$36,000,000	\$145,000,000
Ventura	1,090	34.1	23	-3.3	\$25,000,000	\$96,000,000
Los Angeles	14,111	34.0	24	-4.9	\$320,000,000	\$1,240,000,000
San Diego	3,882	33.9	25	-0.8	\$81,000,000	\$329,000,000
Santa Cruz	303	33.4	26	1.1	\$6,600,000	\$26,300,000
Shasta	234	32.9	27	0.6	\$2,900,000	\$14,600,000
San Benito	83	32.4	28	-2.5	\$1,400,000	\$6,200,000
Butte	281	30.9	29	-0.5	\$4,900,000	\$21,400,000
Humboldt	143	29.9	30	-1.1	\$2,200,000	\$10,000,000
Solano	491	29.4	31	0.0	\$9,100,000	\$38,100,000
Tuolumne	49	28.0	32	4.7	\$480,000	\$2,800,000
Napa	133	27.3	33	-2.7	\$3,000,000	\$11,600,000
Sonoma	468	27.0	34	1.3	\$10,500,000	\$40,200,000
Alameda	1,322	26.2	35	-1.8	\$25,000,000	\$106,000,000
Orange	2,955	25.9	36	-4.0	\$64,000,000	\$252,000,000
Santa Clara	1,431	24.4	37	-2.8	\$33,000,000	\$134,000,000
Lassen	28	24.3	38	3.8	\$230,000	\$1,460,000
Yolo	218	21.9	39	-1.3	\$4,400,000	\$17,900,000
San Francisco	294	21.8	40	1.1	\$6,400,000	\$25,100,000
Contra Costa	842	21.8	41	-2.3	\$16,000,000	\$67,000,000
San Luis Obispo	213	20.7	42	1.0	\$3,100,000	\$14,300,000
San Mateo	449	20.6	43	-1.7	\$9,500,000	\$37,900,000
Amador	23	19.5	44	2.1	\$100,000	\$960,000
Nevada	65	17.8	45	1.4	\$1,020,000	\$4,600,000
Calaveras	29	17.4	46	-0.4	\$170,000	\$1,300,000
El Dorado	112	15.4	47	0.2	\$1,300,000	\$7,000,000
Placer	202	15.2	48	-1.4	\$3,800,000	\$15,800,000
Marin	91	12.4	49	1.1	\$1,800,000	\$7,400,000

TABLE. CALIFORNIA, COUNTY, AND UNITED STATES TEEN BIRTHS, BIRTH RATE, RANK, RATE CHANGE, AND COSTS, 2008

Note. Alpine, Colusa, Inyo, Mariposa, Modoc, Mono, Plumas, Trinity, and Sierra are not included as these counties have fewer than 5 births or 1,000 female teen population.

## KEY RECOMMENDATIONS

All levels of government are faced with unprecedented challenges that force them to examine their priorities. At this time, the prevention of births to teen mothers is more important than ever. Investments in this area are productive for their immediate payoff in terms of decreased health and welfare costs, as well as their contribution to the stability of the social fabric and to California's economic future. In this light, the Public Health Institute and its Center for Research on Adolescent Health and Development make the following recommendations in the areas of leadership, programs, educational policy, and schools and communities.

### CALIFORNIA LEADERSHIP

- Elected officials initiate and support community dialogues by bringing together parents, adolescents, and other school and community stakeholders to review the progress and address the challenges of high teen birth and sexually transmitted infection rates, and other challenges to adolescent sexual and reproductive health.

### CALIFORNIA PROGRAMS

- At a minimum, maintain all program funding aimed at reducing teen pregnancies, births, and sexually transmitted infections, and promoting adolescent sexual health and rights, with annual adjustments for inflation.
- Monitor all publicly funded or administered programs, whether school- or community-based, and including charter schools, for compliance with the provisions of SB 71, the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003, and AB 629, the Sexual Health Education Accountability Act, to ensure that sexuality education is comprehensive, age-appropriate, and medically accurate.
- Fund effective school- and community-based programs that provide comprehensive sex education, outreach, and services to support teens in delaying childbearing and promoting sexual and reproductive health.
- Investigate and demonstrate newer third-generation sex education programs that incorporate a broader view of sexual and reproductive health and rights promotion than pregnancy and disease prevention alone.
- Continue to decline participation in and required contribution of matching funds for new or old federal abstinence-only-until-marriage education programs.

### CALIFORNIA EDUCATION POLICY

- Publicize, support, and enforce the provisions of comprehensive, age-appropriate, and medically accurate school-based sex education as required by the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003 (SB 71).

- Begin discussion and development of a legislative mandate for California public middle schools, high schools, and alternative schools to teach comprehensive sexual health education.
- Support reliable and confidential school-based survey research that will facilitate scientific understanding of teen health risk behaviors, including sexual risk behaviors.

### CALIFORNIA SCHOOLS AND COMMUNITIES

- Provide multi-level comprehensive sexuality education and youth development programs, with school, parent, youth, and community components working in synergy.
- Provide parent education and supports to encourage parents and other significant adults to communicate effectively with youth about healthy sexuality, pregnancy prevention, and prevention of sexually transmitted infections.
- Review and monitor school policies and curricula to assess compliance with SB 71, the California Comprehensive Sexual Health and HIV/AIDS Prevention Act of 2003, and AB 629, the Sexual Health Education Accountability Act, and bring these policies and curricula into compliance as necessary.

1. Using the same approach for calculating birth rates than the California Department of Public Health (CDPH) uses, we calculated teen birth rates for California as a whole and its counties based on number of teen births reported in the CDPH Vital Statistics Reports and the most recent estimates of the female teen population prepared by the California Department of Finance. As we used the most recent population estimates, the rates we report for 1991-2004 might differ slightly from the rates reported earlier by CDPH for these years. Texas rates for 2007 and 2008 were estimated. Further details on our methods are available from <http://teenbirths.phi.org/NTFC2010Methods.pdf>.

2. Hoffman, S. D., & Maynard, R. A. (2008). *Kids having kids* (2nd edition). Washington, DC: Urban Institute Press.



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